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				May	3/1, 20	07	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNE	y docket no.	CONFIRMATION NO.	
10/767,692	01/29/2004		Steven M. Goetz		1023-	262US01	\$583	
TITLE OF INVENTION	: SELECTION OF NEU	ROSTIMULATOR PA	ARAMETER CONFIGURAT	IONS USING GEN	ETIC ALC	ORITHMS		
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transmitted to the USPTO (571) 273-2885, on the date indicated below. SHUMAKER & SIEFFERT, P. A. 1625 RADIO DRIVE SUITE 300 WOODBURY, MN 55125 Sarah Yonkovich · MICINIC (Rignature (Date) 2007 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/767,692 01/29/2004 Steven M. Gootz 1023-262US01 5583 TITLE OF INVENTION: SELECTION OF NEUROSTIMULATOR PARAMETER CONFIGURATIONS USING GENETIC ALGORITHMS SMALL ENTITY APPLN. TYPE ISSUE FEE DUE **PUBLICATION FEE DUE** PREV. PAID ISSUE FEB TOTAL FEB(S) DUE DATE DUB nonprovisional \$1400 5300 \$0 \$1700 06/01/2007 **BXAMINER** ART UNIT **CLASS-SUBCLASS** BOCKELMAN, MARK 3766 607-048000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Shumaker & Sieffert. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or typo) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Minneapolis, Minnesota Medtronic, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group cutity 🚨 Covernment 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ksue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1778 (enclose an extra copy of this form). ☐ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. Dato May 31, 2007 Authorized Signature Registration No. 54,213 Typed or printed name Jason

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